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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>John O. Farmer, Inc.</b>		License Number: <b>5135</b>	
Operator Address: <b>P.O. Box 352, Russell, KS 67665</b>			
Contact Person: <b>Marge Schulte</b>		Phone Number: ( <b>785</b> ) <b>483 - 3145, Ext. 214</b>	
Permit Number (API No. if applicable): <b>15-167-23,562-00-00</b>		Lease Name: <b>Waymaster</b>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>#1</b>	
Source Location (QQQQ): <b>SE - NE - SE - SW</b> Sec. <b>2</b> Twp. <b>15S</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>840</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>2390</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Russell</b> County			
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: <u>6</u> No. of loads <u>480 total</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <b>August 11 &amp; 12, 2010</b>	
Operator Name: <b>Craig Oil Company</b>		License No.: <b>31341</b>	
Lease Name: <b>Rubin Nuss #1</b>		Sec. <b>5</b> Twp. <b>16S</b> R. <b>14</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>D-09,153</b>		County: <b>Barton</b>	
Comments:			
The undersigned hereby certifies that <input checked="" type="radio"/> he / she is <u>President</u> for <u>John O. Farmer, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of <input checked="" type="radio"/> his / her knowledge and belief. <u>John O. Farmer III</u> Agent Signature Subscribed and sworn to before me on this <u>8th</u> day of <u>September</u> , <u>2010</u> <u>Margaret A. Schulte</u> Notary Public My Commission Expires 			